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Effect of Belief in “Psychic Healing” on Self-Reported Pain in Chronic Pain Sufferers

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Abstract

Objective. The “psychic healing” ability of a well-known Australian psychic was subjected to a televised experimental test. *Methods.* Twenty volunteers suffering from chronic pain were recruited by newspaper advertisements. Half were randomly assigned to the treatment or control condition using a double blind procedure. *Results.* Comparison of pre- and post-treatment McGill Pain Questionnaire ratings indicated no effect of “psychic healing.” However, pre-treatment questionnaire ratings of belief in “psychic healing” and related phenomena were significantly correlated with improvement in McGill Pain Questionnaire ratings irrespective of treatment condition. *Conclusion.* Results suggest that anecdotal reports of effective “psychic healing” and “faith healing” are attributable to the power of belief.

KEYWORDS: psychic healing, faith healing, placebo effect.

Introduction

In June 2003 the Psychology Department of Bond University was approached by Australia’s popular Channel Nine television program *A Current Affair* with the request that we design and conduct a televised experiment to test the widely publicized claims of a well-known Australian “psychic healer.” Despite the short notice given, we designed a study that not only tested the claimed “psychic healing” ability but also examined the mediating effect of belief in paranormal and related phenomena on the responses of participants. Thus on 18 June 2003, a televised double-blind experiment on “psychic healing” was conducted in the Psychology Clinic at Bond University, with chronic pain sufferers as research subjects.

The “psychic healer’s” method of healing involves manipulation of photographs of sick persons or animals and is claimed to heal the target across great distances - even on the other side of the world - but is said to be most effective when the target is nearby. The “psychic healer,” who is nonreligious, regards his psychic ability as a gift and does not accept money for his healing work. He was very cooperative and fully expected that the experiment would prove that his claimed “psychic healing” ability is a real phenomenon. We expected that results would be similar to those of a recent British test of the effectiveness of “psychic healing” for chronic pain (1), which showed no effect of “psychic healing.” However, we also expected that belief in paranormal and related phenomena would explain much of the variance in participants’ responses to the experimental situation.

Method

Participants

Twenty unpaid volunteers (18 females, 2 males) who suffered from chronic pain were recruited via advertisements in local newspapers. The mean age of the sample was 46 years (range 26-63 years). Painful chronic conditions reported by participants included cancer, trigeminal neuralgia, fibromyalgia, and chronic back pain. Participants were randomly assigned to treatment and control groups, with 10 participants per group. They read and signed an

informed consent form that described the procedures of the study prior to their participation. The study was approved by the Bond University Human Research Ethics Committee.

Materials

A short questionnaire was developed for the study. The questionnaire provided 5-point Likert scales for participants to rate their personal level of belief in psychic phenomena, “psychic healing” in general, the ability of this particular “psychic healer,” alternative medicines, and hypnosis. The McGill Pain Questionnaire (2) was administered to both groups before and after the “healing” phase of the study.

Procedure

After completing a consent form, photos were taken of all participants. Two psychologists administered the questionnaire assessing belief in psychic healing, paranormal phenomena, hypnosis and alternative medicine, and initial McGill Pain Questionnaire ratings were obtained from each participant. The “psychic healer” was in a separate room and had no contact with any participants until the experiment was over. As all participants waited together in a nearby room, the unseen “psychic healer” was successively given the photo of each participant in the treatment condition, as well as detailed information about the nature and location of their pain. The “healer” attempted to relieve the pain of each participant whose photo he was given, and was allowed as much time as he required per photo to perform his “healing” procedure. Upon completion of the “healing” procedure for all 10 participants in the treatment condition, treatment and control groups were administered the McGill Pain Questionnaire a second time. Neither the participants nor the psychologists who evaluated them knew the condition, treatment or control, to which each participant had been randomly assigned (ie., treatment was administered in double-blind fashion).

Results

Immediately following treatment, all participants assembled together in another room. As shown on the Australian television program *A Current Affair*, they were asked to raise their

hands if they had felt any improvement in their pain. Of the 8 participants who raised their hands, 5 were from the control condition (not subjected to “psychic healing”), and only 3 were from the treatment condition (subjected to “psychic healing”). Subsequent comparison of McGill Pain Questionnaire change scores (pre-treatment minus post-treatment) showed no difference between treatment and control groups, $t(18) = 1.21$, *ns*. Half of the participants in each group gave worse ratings, and half gave better ratings, on the second McGill compared to the first. Thus, the findings unequivocally showed no effect of the “psychic healer.”

Some interesting findings were nevertheless obtained. Pre- versus post-treatment changes in McGill Pain ratings were significantly correlated with self-rated belief in psychic phenomena, $r(20) = .58$, $p < .01$; belief in “psychic healing,” $r(20) = .50$, $p < .05$; belief in this particular “psychic healer’s” ability to heal, $r(20) = .72$, $p < .0001$; belief in the effectiveness of alternative medicine, $r(20) = .48$, $p < .05$; and belief in the effectiveness of hypnosis, $r(20) = .52$, $p < .05$. Thus, irrespective of whether they were in the “psychic healing” group or the control (untreated) group, those who had strong beliefs in “psychic healing,” the “healer’s” ability, psychic phenomena, alternative medicine and hypnosis tended to show improvement on the McGill Pain Questionnaire over the course of the experiment.

Discussion

The main finding of this study, as reported by the *A Current Affair* television program, was that the “psychic healer” was not able to relieve pain in chronic pain patients by means of “psychic healing.” Indeed, present results are very similar to those of a larger-scale ($n = 105$) British study (1) of the efficacy of intensive (8 weeks) “psychic healing” that also found no treatment-related difference between treatment and control samples of chronic pain patients on McGill Pain Questionnaire scores. However, other findings of the present study are interesting from a psychological standpoint, as they suggest that short term positive effects of “psychic healing” and “faith healing” procedures on patients’ self-reports of pain likely depend on the patient’s degree of belief in such phenomena. Self-rated level of belief in “psychic healing,”

paranormal phenomena, the “psychic healer’s” abilities, alternative medicine, and hypnosis were all highly correlated with improvement on McGill Pain Questionnaire scores, irrespective of actual treatment condition. Thus although “psychic healing” was unable to alleviate pain in the present study, belief in “psychic healing” apparently was.

The central role of belief in the subjective efficacy of “faith healing” and other similar non-medical treatments for pain has been noted previously (3,4). The present findings thus add to a growing body of evidence supporting the power of belief to temporarily alleviate pain, perhaps by recruiting endogenous opioid response mechanisms (5).

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